

**AFFIDAVIT IN SUPPORT OF APPLICATION TO  
REDACT SPECIFIED PERSONAL INFORMATION FROM  
VOTER REGISTRATION RECORDS**

I, \_\_\_\_\_, make the following statements under oath:  
Full Legal Name

1. I am (check the description that applies to you):

- ☐ a victim of domestic violence, as defined by A.R.S. § 13-3601  
☐ a victim of stalking, as defined by A.R.S. § 13-2923

2. In support of my claim, I have attached to this affidavit a true and correct copy of  
(check all that apply):

- ☐ findings from a court of competent jurisdiction  
☐ police reports  
☐ medical records  
☐ child protective service records  
☐ domestic violence shelter records  
☐ school records

3. My residential address and telephone number are:

Street Address	City	State	ZIP Code	Phone Number
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4. My date of birth is (for identification purposes): \_\_\_\_\_  
(Month/Day/Year)

5. I believe that my life or safety or that of my family or other persons living at my residence is  
in danger of physical harm for the following reasons:

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6. Sealing of my residential address, telephone number, and voting precinct number in my  
voter registration records will serve to reduce the danger by:

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7. The following are the names and birth dates for each registered voter who resides with me and whose voter registration records should also be redacted:

\_\_\_\_\_  
(Full legal name) (Date of birth – Month/Day/Year)

\_\_\_\_\_  
(Full legal name) (Date of birth – Month/Day/Year)

\_\_\_\_\_  
(Full legal name) (Date of birth – Month/Day/Year)

\_\_\_\_\_  
(Full legal name) (Date of birth – Month/Day/Year)

\_\_\_\_\_  
(Full legal name) (Date of birth – Month/Day/Year)

\_\_\_\_\_  
(Full legal name) (Date of birth – Month/Day/Year)

On the basis of the foregoing facts, I submit this Affidavit pursuant to A.R.S. §16-153 and request that the court order sealed for five years my voter registration records and those of any individuals identified above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Affiant

State of Arizona )  
 ) ss.  
County of \_\_\_\_\_)

Subscribed and sworn to (or affirmed) before me on \_\_\_\_\_

My Commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public